

Practitioner's Docket No. 870-003-166**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**In re application of: **Francisco ROJO LULIC**Application No.: **10/733,602** Group No.: **2834**Filed: **11 DEC 2003**For: **EXTERNAL ROTOR MOTOR** Examiner: **TRAN NGUYEN****RECEIVED
CENTRAL FAX CENTER****OCT 11 2005**Date of mailing "Notice of Allowance and
Base Issue Fee Due" **12 JUL. 2005**GONR No. **7850**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Attention: Group Director Group 2800

PETITION FOR WITHDRAWAL FROM ISSUE—ISSUE FEE NOT PAID
(37 C.F.R. § 1.313)

NOTE: "Petitions to have an application withdrawn from issue before payment of the issue fee should be directed to the Technology Center (TC) Director to which the application is assigned (see M.P.E.P. § 1002.02(c))" M.P.E.P. § 1308, 8th Edition.

NOTE: A petition under § 1.313 is not required if a request for continued examination under § 1.114 is filed prior to the payment of the issue fee.

NOTE: A petition under 1.313 is not effective to withdraw the application from issue unless it is actually received and granted by the appropriate official before the date of issue. 37 C.F.R. § 1.313(d).

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*
(When using Express Mail, the Express Mail label number is mandatory;
Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

deposited with the United States Postal Service in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450
37 C.F.R. § 1.8(a) as "Express Mail Post Office to Addressee"
 with sufficient postage as first class mail. Mailing Label No. _____ (mandatory)
37 C.F.R. § 1.10 *

TRANSMISSION

facsimile transmitted to the Patent and Trademark Office, ~~200~~ **571-273-8300**

**RECEIVED
OIPC/IAP****OCT 13 2005****11 OCT. 2005****Signature****MILTON M. OLIVER**

(type or print name of person certifying)

Date: 11/02/2005 AKELLEY 00000008 230442 10733602

01 FC:1801 790.00 DA

* Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(j)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

(Petition for Withdrawal from Issue—Issue Fee Not Paid (37 C.F.R. § 1.313) [B-33.1]—page 1 of 3)

10/13/2005 HDMESS1 00000057 230442 10733602

01 FC:1464 130.00 DA

10/733,602

PETITION

1. Applicant hereby petitions for the withdrawal of this application from issue.

PATENT ISSUE FEE

2. The issue fee for this case has not been paid.

REASON(S) FOR WITHDRAWAL REQUEST

NOTE: The petition for withdrawal from issue must include a showing of good and sufficient reasons why withdrawal of the application is necessary. 37 C.F.R. § 1.313(a).

3. The reason for the request for withdrawal from issue is:

The assignee of the present application does not find the examiner's amendment to claim 9 acceptable.

The term "diagonally upward" is not sufficiently defined. Fans usually have no preferred installation orientation, so what is "upward" or "not upward" could be changed by merely rotating the fan by 90 degrees. Further, the word "diagonal" implies diagonal with respect to something (now undefined). Applicant respectfully requests that prosecution be reopened, so that counsel can consult with the examiner to arrive at more appropriate claim wording.

CONTINGENT REQUEST FOR R.C.E.

If the Office, for whatever reason, denies this Petition to withdraw from issue, Applicant hereby requests continued examination in accordance with 37 C.F.R. 1.114, and authorizes the Office to charge any necessary fees, such as a Rule 17(e) fee, to Deposit Account 23-0442.

Further details as to the reason(s) for this withdrawal request are set forth on the attached _____ sheet(s).

(Petition for Withdrawal from Issue—Issue Fee Not Paid (37 C.F.R. § 1.313) (9-93.1)—page 2 of 3)

10/ 733,602

4. Amendment

NOTE: Any amendment accompanying a petition to withdraw an application from issue must comply with the requirements of § 312 (Amendment after allowance) 37 C.F.R. § 1.313(a).

Accompanying this petition is an amendment.

PETITION FEES

5. The fee set forth in § 1.17(h) (\$130.00) required by 37 C.F.R. § 1.313(a) is paid as follows:

Attached is a check money order in the amount of \$130.00
 Authorization is hereby made to charge the amount of \$130.00
 to Deposit Account No. 23-0442
 to Credit card as shown on the attached credit card information authorization form PTO-2038.

WARNING: Credit card information should not be included on this form as it may become public.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

Reg. No.: 28,333

Milton Oliver
 SIGNATURE OF PRACTITIONER
 MILTON OLIVER

Tel. No.: (203) 261-1234

(type or print name of practitioner)

PO BOX 224

P.O. Address

MONROE CT 06468-0224

FAX: 203-261-5676

Plus _____ Added Pages

(Petition for Withdrawal from Issue—Issue Fee Not Paid (37 C.F.R. § 1.313) [9-33.1]—page 3 of 3)

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 11-1-05

2 Serial/Patent # 10/733602

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/> Filing				\$
<input type="checkbox"/> Amendment				\$
<input type="checkbox"/> Extension of Time				\$
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input checked="" type="checkbox"/> Petition			<u>10/11/05</u>	\$ 130
<input type="checkbox"/> Issue				\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$
<input type="checkbox"/> Maintenance				\$
<input type="checkbox"/> Assignment				\$
<input type="checkbox"/> Other				\$
		7 TOTAL AMOUNT OF REFUND	\$ 130	
		8 TO BE REFUNDED BY:		
<input type="checkbox"/> 10 REASON:		Treasury Check		
<input type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:		
<input checked="" type="checkbox"/> Duplicate Payment			<u>9 23-0442</u>	
No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>F. Wicks</u>		TITLE: <u>Pats Ex'n</u>		
SIGNATURE: <u>F. Wicks</u>		PHONE: <u>571 272 3218</u>		
OFFICE: <u>4700</u>		*****		
THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: <u>Alma Keller</u>		DATE: <u>11/2/05</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B